



# TOWNSHIP OF ABINGTON

John L. Spiegelman, *President*  
Thomas Hecker, *Vice President*  
Richard J. Manfredi, *Township Manager*  
Jay W. Blumenthal, *Treasurer*

## APPLICATION FOR OUTDOOR COMMERCIAL ACTIVITY

### Instructions to applicant(s):

This application must be submitted and approved prior to any outdoor commercial activity.

This application must be submitted by email to [zoning.officer@abingtonpa.gov](mailto:zoning.officer@abingtonpa.gov) or by appointment with the Zoning Officer.

This application must be accompanied by:

1. A drawing to scale showing the outdoor portion of the property proposed to be used for outdoor commercial activity. Included in that should be a drawing of the proposed use of sidewalk space, which shall allow for pedestrians and handicapped individuals to traverse the sidewalk. Location of any tables, chairs or other fixtures must be included.
2. A parking plan which provides sufficient parking to meet the needs of the proposed commercial activity. The parking plan must include: safe separation between customers and vehicles with the use of physical barriers and shall not occupy any handicapped parking area.
3. A proposed pedestrian circulation plan, including at least one ADA compliant route.
4. If applicant is not the property owner, separate signed written approval from the property owner.

Engineering plans are not required, however, applicant is responsible for accurately depicting the proposed plans.

APPLICANT/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**RESPONSIBLE PARTY FOR APPLICANT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

**The Applicant requests:**

\_\_\_\_\_ Outdoor Retail Sales

\_\_\_\_\_ Outdoor Dining

**Describe in specific detail the outdoor portion of the private property that you intend to use. You must describe the activity proposed, hours of operation, the specific area to be used, and the dimensions and the location of any fixtures to be located in such an area.**

---

---

---

---

---

---

---

**If this application intends to use a portion of the public right-of-way, you must describe the area of the right-of-way and the specific dimensions. The Township reserves the right to refuse the use of any right-of-way pursuant to an existing Township ordinance or public safety concerns.**

---

---

---

---

---

---

---



## **NOTICE TO APPLICANT**

**ANY MISSTATEMENT OF FACTS CONTAINED IN THIS APPLICATION, OR ANY VIOLATION OF THE TERMS OF ANY APPROVAL GRANTED HEREUNDER, SHALL CONSTITUTE GOOD CAUSE FOR THE REVOCATION AND SUSPENSION OF ANY PERMISSION, APPROVAL OR PERMIT GRANTED BY THE TOWNSHIP. ANY APPROVAL IS EFFECTIVE FOR 90 DAYS, OR LESS IF APPLICANT RESUBMITS ANOTHER APPLICATION.**

**BY SUBMISSION OF THIS APPLICATION AND AFFIXING HIS OR HER SIGNATURE HERETO, THE SIGNING PARTY REPRESENTS THAT HE OR SHE IS AUTHORIZED TO MAKE THE REPRESENTATIONS CONTAINED HEREIN ON BEHALF OF THE APPLICANT, AND SPECIFICALLY WARRANTS THAT APPLICANT SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP AND ANY AND ALL AGENTS, EMPLOYEES, REPRESENTATIVES, SERVANTS, AND ELECTED AND APPOINTED OFFICIALS, AND REIMBURSE THE TOWNSHIP FOR ITS COSTS, INCLUDING ATTORNEY FEES, WITH RESPECT TO ALL CLAIMS, PENALTIES, FINES, DAMAGES, LOSSES, LIABILITIES, DEMANDS AND ACTIONS (HEREINAFTER REFERRED TO AS "CLAIMS") MADE AGAINST THE TOWNSHIP FOR PERSONAL INJURIES, PROPERTY DAMAGES, BUSINESS LOSSES OR OTHER MONETARY LOSSES WITHOUT LIMITATION ARISING OUT OF THE OPERATIONS OF APPLICANT, ITS AGENTS, EMPLOYEES, CONTRACTORS OR SUBCONTRACTORS DIRECTLY OR INDIRECTLY ARISING OUT OF THIS APPLICATION. THIS INDEMNIFICATION AND COST OBLIGATION SHALL APPLY EVEN WHERE THE CLAIMS INCLUDE A CONTENTION OF INDEPENDENT NEGLIGENCE BY THE TOWNSHIP.**

**APPLICANT UNDERSTANDS THAT IT IS RESPONSIBLE FOR COMPLIANCE WITH FEDERAL, STATE AND LOCAL ORDERS, INCLUDING BUT NOT LIMITED TO THOSE RELATING TO COVID-19 MITIGATION NOR PRE-EXISTING STATUTES AND REGULATIONS SUCH AS THE PENNSYLVANIA DEPARTMENT OF HEALTH REQUIREMENTS RELATING TO OUTDOOR DINING AS THEY MAY BE AMENDED SUBSEQUENT TO THIS APPLICATION.**

**SUBMISSION OF THIS APPLICATION AND ANY SUBSEQUENT APPROVAL FROM THE TOWNSHIP DOES NOT EXCUSE COMPLIANCE WITH ANY CONDITIONS IMPOSED BY THE PENNSYLVANIA LIQUOR CONTROL BOARD OR THE MONTGOMERY COUNTY BOARD OF HEALTH OR EXPAND, MODIFY, OR OTHERWISE ALTER ANY LICENSE ISSUED TO THE APPLICANT OR THE APPLICANT'S ESTABLISHMENT BY THE PENNSYLVANIA LIQUOR CONTROL BOARD OR THE MONTGOMERY COUNTY BOARD OF HEALTH. IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO ENSURE COMPLIANCE WITH THE SAME, AND, IF NEEDED, SECURE ANY PERMISSION NECESSARY FROM ANY AGENCY HAVING JURISDICTION OVER THE OPERATIONS, INCLUDING BUT NOT LIMITED TO, THE PENNSYLVANIA LIQUOR CONTROL BOARD OR THE MONTGOMERY COUNTY BOARD OF HEALTH RELATED TO OUTDOOR SERVICE OR CONSUMPTION OF FOOD, BEVERAGES OR ANY OTHER PRODUCT.**



BY SUBMITTING THIS APPLICATION, APPLICANT ACKNOWLEDGES THAT IT DOES NOT ACQUIRE ANY VESTED RIGHTS OR PRIVILEGES UNDER ITS PLANS AND WAIVES ANY RIGHT TO CONTINUE THE PERMISSIONS GRANTED BY THE PLANS BEYOND THE EXPIRATION OF RESOLUTION NO. 2020-030.

APPLICANT MUST STILL ABIDE BY THE TOWNSHIP CODE OF ORDINANCES.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ By checking this box, I acknowledge, as an authorized representative of Applicant, that this application is being submitted electronically without an original signature. It is my intent to bind the Applicant to all representations contained herein and I waive, on behalf of Applicant, any claim that might arise regarding the use of an electronic signature for this Application and waiver.

---

For Township Purposes Only:

Fire Marshal

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Police Department

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Code Enforcement

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_